

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/53063D

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1			
2			1			
3						
4						
5	1		1			
6			1			
7						
8						
9						
10	1		1			
11			1			
12						
13						
14						
15	1		1			
16	1		1			
17			1			
18	1					
19	1					
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48						
49						
50						
TOTAL IND.			8			
TOTAL DEP.			14			
TOTAL CLAIMS			22			

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						